

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2				
4		2				
5		2				
6		3				
7		3				
8		3				
9		3				
10		3				
11		3				
12		3				
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26		3				
27		3				
28		3				
29		3				
30		3				
31	1		1			
32		1		1		
33		3				
34		3				
35		3				
36		3				
37		3				
38		3				
39		3				
40		3				
41		3				
42		3				
43		3				
44		3				
45	1		1			
46		1		1		
47		3				
48		3				
49		3				
50		3				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52	1					
53	1					
54	1					
55	1					
56	1	1				
57		1				
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97						
98						
99						
100						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		↓	4	↓		↓
TOTAL CLAIMS			7			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS